City Of Burlington
Flex Enrollment Form

For the Plan Year: January 1, 2016 to December 31, 2016

Name: _____ Social Security Number: _____

Street Address: _____

City, State and Zip: _____

I authorize my employer to make the following salary reductions:

☐ **Health Care Flexible Spending Account (FSA)**

(DO NOT ELECT IF YOU PARTICIPATE IN A QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN & HSA)

I elect to have $_____ annually ($_____ per pay-period) reduced from my salary before taxes to reimburse me for eligible health care expenses that I incur during the plan year specified above. If you are eligible for this plan, the maximum reimbursement is $2200 per year.

☐ **Dependent Care FSA**

I elect to have $_____ annually ($_____ per pay-period) reduced from my salary before taxes to reimburse me for eligible daycare expenses that I incur during the plan year specified above. Reimbursement from this and other dependent care plans for which I may be eligible is limited to $5,000 per year (or $2,500 per year if I am married filing separately). Reimbursement is further limited to my earned income, or my spouse's earned income whichever is less.

I understand that:

- I cannot change this election during the plan year unless I have a qualifying election change event.
- Any amounts remaining in my spending accounts at the end of the year will be forfeited.
- My Social Security benefits may be reduced by this election.
- This election replaces any previous elections and will terminate on the earlier of: (1) the end of the plan year, (2) when I am no longer a qualified employee eligible to participate in the plan, (3) Plan termination.
- My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.
- If I am enrolling in the Traditional Health Care FSA, I am not eligible and therefore can't participate in an HSA, either individually or through my or my spouse's employer.

Signature_____ Date_____

Return to Human Resources

Employer Use Only

Accepted by: _____ Effective Date: _____